

category of humanitarian inventions will always deserve special recognition. H.R. 5796, as amended in the Senate, makes sure that it will, and I urge my colleagues to support it.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentlewoman from Texas (Ms. JACKSON LEE) that the House suspend the rules and concur in the Senate amendment to the bill, H.R. 5796.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. MOORE of Alabama. Mr. Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

EARLY HEARING DETECTION AND INTERVENTION ACT OF 2022

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and pass the bill (S. 4052) to reauthorize a program for early detection, diagnosis, and treatment regarding deaf and hard-of-hearing newborns, infants, and young children, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

S. 4052

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Early Hearing Detection and Intervention Act of 2022”.

SEC. 2. REAUTHORIZATION OF PROGRAM FOR EARLY DETECTION, DIAGNOSIS, AND TREATMENT REGARDING DEAF AND HARD-OF-HEARING NEWBORNS, INFANTS, AND YOUNG CHILDREN.

Section 399M of the Public Health Service Act (42 U.S.C. 280g-1) is amended—

(1) in subsection (e), by inserting “(3)” before “The term ‘medical evaluation’”; and

(2) in subsection (f)—

(A) in paragraph (1), by striking “\$17,818,000 for fiscal year 2018, \$18,173,800 for fiscal year 2019, \$18,628,145 for fiscal year 2020, \$19,056,592 for fiscal year 2021, and \$19,522,758 for fiscal year 2022” and inserting “\$17,818,000 for each of fiscal years 2023 through 2027”; and

(B) in paragraph (2), by striking “\$10,800,000 for fiscal year 2018, \$11,026,800 for fiscal year 2019, \$11,302,470 for fiscal year 2020, \$11,562,427 for fiscal year 2021, and \$11,851,488 for fiscal year 2022” and inserting “\$10,760,000 for each of fiscal years 2023 through 2027”.

SEC. 3. GAO STUDY ON STATE EARLY HEARING DETECTION AND INTERVENTION PROGRAMS.

(a) IN GENERAL.—The Comptroller General of the United States shall conduct a study reviewing State early hearing detection and intervention (in this section referred to as “EHDI”) programs. Such study shall—

(1) analyze how information collected through such programs informs what is known about EHDI activities to ensure that newborns, infants, and young children have access to timely hearing screenings and early interventions, including information on any disparities in such access;

(2) analyze what is known about how parents use State EHDI websites to seek health

and programmatic guidance related to their child’s hearing loss diagnosis; and

(3) identify efforts and any promising practices of the Centers for Disease Control and Prevention, the Health Resources and Services Administration, the National Institute on Deafness and Other Communication Disorders, and State EHDI programs—

(A) to address disparities in outreach for, or access to, timely hearing screenings and early interventions; and

(B) to ensure that EHDI follow-up services are communicated and made available to medically underserved populations, including racial and ethnic minorities.

(b) REPORT.—Not later than 2 years after the date of the enactment of this Act, the Comptroller General shall—

(1) complete the study under subsection (a) and submit a report on the results of the study to—

(A) the Committee on Energy and Commerce of the House of Representatives; and

(B) the Committee on Health, Education, Labor, and Pensions of the Senate; and

(2) make such report publicly available.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Pennsylvania (Mr. JOYCE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on S. 4052.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, today I rise in support of S. 4052, the Early Hearing Detection and Intervention Act. Last year, we passed the House version of this bill, H.R. 5561, which was sponsored by Health Subcommittee Ranking Member GUTHRIE and Representative MATSUI. I thank both of them for their leadership on this issue.

Over the last 20 years, Mr. Speaker, we have been very successful in addressing one of the most common birth defects affecting America’s children: congenital hearing loss. Children with this condition are born with hearing loss and are at risk for delays in speech, language, social, and emotional development.

Fortunately, early detection and intervention is highly effective in preventing these adverse effects.

Since 2000, Congress has passed and subsequently reauthorized Early Hearing Detection and Intervention programs, also known as EHDI programs. These programs support State and territory programs and systems of care to identify and support children who are deaf or hard of hearing. Thanks to these programs, early hearing loss screening, diagnosis, and treatment services have greatly increased over the last two decades.

Consider that before 1993, only 1 in 10 newborns were screened for hearing

loss. Today, according to data from the Centers for Disease and Prevention, 97 percent of all infants are screened within the first month of their lives. Furthermore, 60 percent of infants receive audiological evaluations and diagnosis by 3 months of age, and 72 percent of infants were enrolled in early intervention services before they are 6 months old. These are remarkable achievements that help ensure all children with hearing loss have the same opportunities as children who can hear.

Today, we are considering a bill that will help us build on these achievements. S. 4052, the Early Hearing Detection and Intervention Act, would extend critical funding for EHDI programs for 5 years through fiscal year 2027. This legislation will ensure that these services continue to be available for children who are deaf or hard of hearing.

Mr. Speaker, I urge all my colleagues to support this bipartisan bill, and I reserve the balance of my time.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I yield myself such time as may consume.

Mr. Speaker, I rise today in support of S. 4052, the Early Hearing Detection and Intervention Act, the companion legislation to H.R. 5561 sponsored by Energy and Commerce Committee members, Representatives Guthrie and Matsui.

S. 4052 is very similar to the legislation that passed the House 410-17, and I hope in the upcoming vote it will receive even more “yes” votes.

Hearing loss in children continues to be all too prevalent in the United States. According to recent CDC data, almost 15 percent of children aged 6 to 19 experience either low- or high-frequency hearing loss in one or both ears.

The Early Hearing Detection and Intervention program, administered through the CDC and the Health Resources and Services Agency, has helped providers to quickly identify babies and young children who are born deaf or hard of hearing, which has led to improved health outcomes and brought hope to so many families.

S. 4052 reauthorizes Federal support for these important statewide programs that help early detection, diagnosis, and treatment of deaf and hard-of-hearing newborns, infants, and young children through 2027.

This bill will help redouble our efforts to truly open the world of communication to children who experiencing hearing loss.

Mr. Speaker, I urge my colleagues to support this bill, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, again, I urge all Members to vote for this on a bipartisan basis and mention that when it passes today that it will go to the President’s desk.

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by

the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, S. 4052.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. MOORE of Alabama. Mr. Speaker, on that I demand the yeas and nays. The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this motion will be postponed.

CARDIOVASCULAR ADVANCES IN RESEARCH AND OPPORTUNITIES LEGACY ACT

Mr. PALLONE. Mr. Speaker, I move to suspend the rules and concur in the Senate amendment to the bill (H.R. 1193) to amend title IV of the Public Health Service Act to direct the Director of the National Institutes of Health, in consultation with the Director of the National Heart, Lung, and Blood Institute, to establish a program under which the Director of the National Institutes of Health shall support or conduct research on valvular heart disease, and for other purposes.

The Clerk read the title of the bill.

The text of the Senate amendment is as follows:

Senate amendment:

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the "Cardiovascular Advances in Research and Opportunities Legacy Act".

SEC. 2. HHS VALVULAR HEART DISEASE ACTIVITIES.

(a) IN GENERAL.—The Secretary of Health and Human Services (referred to in this section as the "Secretary") shall, as appropriate, continue activities related to research, education, and awareness of valvular heart diseases.

(b) NIH RESEARCH RELATED TO VALVULAR HEART DISEASES.—

(1) IN GENERAL.—The Director of the National Institutes of Health, in consultation with the Director of the National Heart, Lung, and Blood Institute, may support or conduct research regarding valvular heart diseases.

(2) SUPPORT FURTHER RESEARCH.—In order to improve information on, and understanding of, causation and risk factors for valvular heart diseases, research conducted or supported under this subsection for such diseases may include the following:

(A) Use of advanced technological imaging and other relevant methods to generate data related to valvular heart diseases.

(B) Assessing potential risk factors for sudden cardiac arrest or sudden cardiac death from valvular heart diseases.

(C) Other activities, as appropriate, in order to improve the availability of information on, and advance research related to, valvular heart diseases.

(3) MITRAL VALVE PROLAPSE WORKSHOP.—Not later than 2 years after the date of enactment of this Act, the Director of the National Heart, Lung, and Blood Institute shall, as appropriate, convene a workshop composed of subject matter experts and stakeholders to identify research needs and opportunities to develop recommendations for the identification and treatment of individuals with mitral valve prolapse, including such individuals who may be at risk for sudden cardiac arrest or sudden cardiac death.

(c) PREVENTION ACTIVITIES TO IMPROVE AWARENESS OF SUDDEN CARDIAC DEATH AS A RESULT OF VALVULAR HEART DISEASES.—

(1) IN GENERAL.—The Secretary may carry out activities to increase education and awareness of valvular heart diseases in order to reduce the incidence of sudden cardiac death caused by such diseases. The Secretary may—

(A) award grants or contracts to public or nonprofit private entities to carry out activities under this subsection; and

(B) directly, or through grants or contracts, provide technical assistance with respect to such activities.

(2) CERTAIN ACTIVITIES.—Upon availability of applicable data, projects carried out under paragraph (1) may include—

(A) continuing activities at the Centers for Disease Control and Prevention related to valvular heart diseases;

(B) improving the awareness of the public concerning any risk factors for, the symptoms of, and the public health impact of, valvular heart diseases; and

(C) enhancing public health data collection and improving the quality of such data, as appropriate, regarding cardiac arrests, including cardiac arrests that occur outside of the hospital.

(3) GRANT PRIORITIZATION.—The Secretary may, in awarding grants or entering into contracts pursuant to paragraph (1), give priority to entities seeking to carry out projects for populations most impacted by valvular heart diseases.

(4) COORDINATION OF ACTIVITIES.—The Secretary shall, as appropriate, ensure that activities under this section are coordinated with other agencies and offices of the Department of Health and Human Services that carry out activities regarding valvular heart diseases.

(5) BEST PRACTICES.—The Secretary shall, as applicable and appropriate, identify and disseminate best practices for relevant health care providers related to valvular heart diseases.

(d) AUTHORIZATION OF APPROPRIATIONS.—For purposes of carrying out this section, there are authorized to be appropriated \$28,000,000 for each of fiscal years 2023 through 2027.

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Pennsylvania (Mr. JOYCE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1193.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, 1 year ago, the House passed the CAROL Act by voice vote. I am pleased the Senate finally considered the legislation and worked to keep it in a bipartisan bill.

Valvular heart disease is a growing issue in our country. It is a condition where one of the heart's four valves is damaged and does not regulate blood properly. Nearly 25,000 Americans die each year from complications caused by valvular heart disease. Yet, we do not know much about it. This bill will bring us closer to finding answers.

The CAROL Act expands research on valvular heart disease at the National

Heart, Lung, and Blood Institute with the goal of generating data and assessing potential risk factors associated with valvular heart disease. This bill convenes a workshop of experts to collaborate and develop recommendations for the identification and treatment of individuals who are at risk of sudden cardiac death caused by valvular heart disease. The bill also supports education efforts at the Centers for Disease Control and Prevention to increase awareness of valvular heart disease and reduce the risk of sudden cardiac death.

I commend our colleague, Representative BARR, for leading this legislation in honor of his late wife, Carol, who passed unexpectedly due to an underlying valvular heart disease condition. I hope that this legislation will help avoid similar tragedies for other families across the Nation.

Mr. Speaker, I urge my colleagues to support this legislation and join us in honoring the life of Carol Barr.

Mr. Speaker, I reserve the balance of my time.

Mr. JOYCE of Pennsylvania. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in support of H.R. 1193, the Cardiovascular Advances and Opportunities Legacy Act, or the CAROL Act. I am excited that we are going to pass this legislation and send it to the President's desk.

Our friend and colleague, Representative ANDY BARR, introduced the CAROL Act to honor his late wife who tragically passed away from an underlying condition known as mitral valve prolapse.

The bill authorizes grants administered by the National Heart, Lung, and Blood Institute to support research on valvular heart disease and convene subject matter experts to identify research opportunities to develop treatment guidelines for patients with valvular heart diseases. It also instructs the CDC to increase public awareness regarding symptoms of valvular heart disease and effective strategies for preventing sudden cardiac death.

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Heart disease continues to be the leading cause of death for most demographic groups in the United States. Over 600,000 Americans die from heart disease each year. This is equal to one person every 36 seconds.

We know that early action is critical to surviving a heart condition. People need to know warning signs and symptoms, so we must identify the gaps in education and information sharing.

This bill also has been a model in terms of how legislation should be done. It was the subject of a hearing at the Energy and Commerce Committee, was voted on by the subcommittee and full committee, and then passed by the entire House. The Senate then also moved it through the committee process and made some improvements to the legislation in consultation with